

We are committed to—

Working with Partners to Improve Health in the United States and Globally

The National Immunization Program (NIP) works closely with both established and new global partners to provide immunization expertise to strengthen and expand global childhood immunization programs. We are committed to making polio eradication a reality, to pursuing efforts to eliminate or better control measles and rubella, and to helping developing countries effectively utilize vaccines to control and prevent vaccine-preventable diseases.



Global Alliances

PREVENTING DISEASE AROUND THE GLOBE

For most vaccine-preventable diseases, no country is ever truly free of the threat of disease until all countries are free. Working together, the countries of the world have wiped smallpox off the face of the earth. It is hoped that polio will go the same route by 2005, and that one day measles will also be eradicated. The Centers for Disease Control and Prevention continues to play a leadership role in collaborating with global partners to help protect every person in every country from vaccine-preventable diseases.



GLOBAL ALLIANCE FOR VACCINES AND IMMUNIZATION

The Global Alliance for Vaccines and Immunization (GAVI) is a network of international partners dedicated to reducing the 3 million deaths that occur each year as a result of vaccine-preventable diseases. The Global Fund for Children's Vaccines has been established to help the poorest countries strengthen childhood immunization programs and introduce new and underutilized vaccines. Through the generosity of partners such as the Bill and Melinda Gates Children's Vaccine Program, this fund is currently capitalized at approximately \$1 billion.

During 2001, CDC staff began the second year of a two-year term on the GAVI Board, and NIP actively participated on three GAVI Task Forces. In this capacity, NIP worked to support partners, countries, and regions in developing applications and plans for monitoring impact. National-level capacity building has been a key part of this work. Other GAVI partners include the Bill and Melinda Gates Children's Vaccine Program, the International Federation of Pharmaceutical Manufacturers Associations, the Rockefeller Foundation, the World Bank Group, the U.S. Agency for International Development (USAID), the United Nations Children's Fund (UNICEF), the World Health Organization (WHO), as well as public health and research institutions and national governments.

The GAVI Mission

- To help provide vaccines to the 30 million unimmunized children around the world
- To bring vaccines to children in developing countries
- To encourage and support the development of vaccines to help fight the diseases most prevalent in poorer countries

Priority Disease Prevention

The Centers for Disease Control and Prevention's immunization efforts reach beyond the United States to encompass global strategies focused primarily on two diseases: polio and measles. The benefits of global eradication of polio, in both human and economic terms, will be enormous and enduring. If measles can be controlled in developing countries, hundreds of thousands of lives can be saved.

Polio Eradication Efforts

The global polio eradication efforts have accomplished much success. Of the three types of wild polioviruses, type 2 was last seen in 1999 and appears to have been eradicated. Today, more than 190 countries and territories are polio-free, and the disease is now confined to approximately 10 countries in South Asia and Sub-Saharan Africa. For the year 2001, there were only 441 (provisional data) confirmed cases of paralytic polio reported to WHO—a decline of more than 99 percent since the global initiative was launched in 1988. Many challenges remain, however, as we strive to certify the eradication of polio by the end of the year 2005.

Significant Achievements— in Polio Eradication

Vaccine Delivery

During 2001, CDC contributed 590 million doses of oral polio vaccine through UNICEF to eradicate polio.

National Immunization Days

Every country with endemic polio conducts National Immunization Days (NIDs). During these activities, every child 5 years old and younger receives two doses of oral polio vaccine, one month apart, regardless of their prior immunization status.

Stop Transmission of Polio (STOP) Teams

Professionals with experience in epidemiology and surveillance are being sent to polio-endemic countries to help with surveillance as well as the planning and evaluation of NIDs. Since January 1999, 286 STOP team members have participated in 3-month assignments in 24 different countries. This initiative has significantly enhanced and boosted the Expanded Programme on Immunization in each host nation.

Surveillance

The Centers for Disease Control and Prevention intensified activities to develop active surveillance for acute flaccid paralysis and polio in India, Bangladesh, Pakistan, Ethiopia, Democratic Republic of the Congo, Angola, and other countries in Asia and Africa.

Laboratory Support

The Centers for Disease Control and Prevention assists WHO in building global polio and measles laboratory networks, and serves as a special reference laboratory for polio. To date, there are 147 laboratories in the global polio network.

Partnerships

Collaboration among international partners continues to expand. This collaboration is unique among public health initiatives in its unprecedented level of joint activity, scale of private sector contributions, and funds raised. Rotary International alone projects a contribution of \$500 million (U.S. dollars) by 2005.

SUCCESS STORY

Polio Eradication

Polio Cases Drop by 83 Percent in One Year

In 1988, the World Health Assembly resolved to eradicate polio throughout the world. Since that time, extraordinary success has been made. In 1988, there were an estimated 350,000 cases of polio in 125 countries around the globe. Today, the number of cases, worldwide, has declined by more than 99 percent. By the end of 2001, only 518 cases of wild poliovirus transmission were reported—a drop of about 83 percent from the previous year. And these cases were found in only 10 countries—half the number from the previous year (provisional data).



The partners include

- CDC
- UNICEF
- USAID
- Great Britain
- Canada
- Australia
- World Bank
- Task Force for Child Survival and Development
- United Nations Foundation
- Bill and Melinda Gates Foundation
- International Federation of Red Cross and Red Crescent Societies
- Other international agencies
- Rotary International
- WHO
- Japan
- Germany
- Denmark
- The Netherlands
- Aventis Pasteur

Future and Continuing Activities— in Polio Eradication

Continue to accelerate immunization activities and intensified surveillance in all polio-endemic countries, particularly those affected by war or civil unrest.

Support coordinated, planned strategies for polio eradication based on strong, routine immunization programs, NIDs, acute flaccid paralysis surveillance, and “mopping-up” immunization.

Continue the STOP Program so a cadre of trained public health professionals can work in high-priority countries to accelerate polio eradication.

Continue research and develop consensus on post-eradication immunization policy, as well as support for laboratory containment of the virus.

Begin the certification process for countries that are polio-free.

Seek additional financial and human resources to fully implement the WHO-recommended strategies for polio eradication in Africa.

Regional Measles Elimination Efforts

Measles is no longer endemic in the United States. This means that all of the cases now seen in our country were either documented or believed to have been brought in from other countries. The number of cases in the Western Hemisphere has been reduced by more than 99 percent from approximately 250,000 cases in 1990 to 522 cases in 2001 (provisional data). And measles importations in the United States from Latin America have also dropped—from 230 imported cases in 1990 to zero in 2001 (provisional data).

However, the disease remains rampant in other parts of the world. In 2000, measles was responsible for an estimated 770,000 deaths in developing countries, and it was the leading cause of vaccine-preventable death for children under 5 years of age. The Centers for Disease Control and Prevention, in partnership with the Pan American Health Organization (PAHO), WHO, and UNICEF, agrees that there is an urgent need to accelerate global measles control.

Significant Achievements— in Regional Measles Elimination

Partnership

The Centers for Disease Control and Prevention has played a leading role in establishing the Global Measles Partnership, which is championing measles control efforts to prevent the 770,000 annual measles deaths still occurring worldwide. The partnership also includes WHO, UNICEF, American Red Cross, the UN Foundation, and the International Federation of the Red Cross.

Support

During 2001, CDC supported regional measles elimination activities in the European Region (Albania and Kyrgyzstan) and measles mortality reduction in the African Region (Uganda, Tanzania, Burkina Faso, Ghana, Benin, Togo, and Mali).

Strategic Immunization

Achievements have been realized using a three-pronged strategy:

1. **Catch-up**—mass campaigns for children 9 months to 14 years-old regardless of prior vaccination status
2. **Keep-up**—high routine coverage with one dose of measles vaccine
3. **Follow-up**—periodic mass campaigns every 3 to 5 years of children born since the last campaign, regardless of prior vaccination status

Future and Continuing Activities— in Regional Measles Elimination

Eliminate measles in the Western Hemisphere, in cooperation with PAHO, by strengthening surveillance, outbreak investigation and response, routine immunization and implementation of vaccination strategies, and epidemiological and laboratory capabilities.

Support accelerated measles control in Africa by focusing on nine priority countries: Burkina Faso, Mali,

SUCCESS STORY

Measles Elimination

Measles Cases Drop by Two Thirds in One Year

CDC collaborated with the Pan American Health Organization (PAHO) as the leading technical and donor partner to aggressively pursue a plan to eliminate measles. In 1990, about 250,000 cases were reported in the Western Hemisphere. Since that time, the number of measles cases has dropped by more than 99 percent to only 522 (provisional data) in 2001. This represents a more than two thirds reduction in the number of measles cases in one year.



Niger, Chad, Tanzania, Zambia, Cameroon, Kenya, and Mozambique.

Evaluate vaccination strategies for elimination, mortality reduction, and accelerated control.

Build epidemiologic and laboratory surveillance capability.

Promote injection safety and development of new injection tools.

Increase the capacity of Ministries of Health to evaluate supplementary immunization campaigns.

Conduct research to determine the impact of the HIV pandemic on measles control and facilitate the development of high-speed, needle-free injection devices.

Implement the Global Measles Strategic Plan (2001–2005) with partners for measles-related mortality reduction and regional elimination of the disease.

